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<b>APPLICANTS</b> Van D. Merkle, Centerville, OH;				
** CONTINUING DATA ***** NONE <i>NEB</i>				
** FOREIGN APPLICATIONS ***** NONE <i>NEB</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 04/01/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 36
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged Examiner's Signature <i>Nathan H. Proctor</i> Initials <i>NEB</i>				
<b>ADDRESS</b> 27805				
<b>TITLE</b> System and method for medical diagnosis				
<b>FILING FEE RECEIVED</b> 572	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	